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Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

**PHYSICAL THERAPY PRESCRIPTION AND PROTOCOL:  
Standard Total Shoulder Replacement**

**GENERAL GUIDELINES**

1. **Limit external rotation to 30 degrees until 6 weeks**
2. **Limit shoulder extension to 30 degrees until 6 weeks**
3. Shoulder flexion is as tolerated immediately (even above 90 degrees)
4. Sling to be worn 4 weeks.
5. May remove sling for tabletop activities within pain tolerance such as eating, brushing teeth and occasional keyboard use.
6. Use ice on shoulder for 20-30 minutes at a time after exercising.
7. Perform exercises 10 times each, 5 times a day
8. Gradually increase the number of repetitions.
9. As you progress, do more of the exercises in an upright position
10. Use non-operated arm to assist your operated arm in these activities
11. Use less assistance from your non-operated arm as your pain decreases
12. THERAPIST MUST TEACH APPROPRIATE EXERCISES AT EACH STAGE – THEY SHOULD BE PERFORMED AT HOME EVERY DAY
13. PROTECT SUBSCAP AND ANTERIOR CAPSULE – limited ER stretching and IR strengthening as specified

***Immediate Post-op Instructions (Week 0-1):***

- Ice / cryotherapy / TENS as able for pain and inflammation management
- Begin exercises 4 to 6 Times per Day
- Pendulums
- Elbow range of motion
- Hand squeezes
- Scapular Motion (shoulder shrugs, scapular retraction)
- PROM - follow specific ROM limits below
  - Forward flexion as tolerated – supine and standing
  - START FORWARD TABLE SLIDES 5x / DAY AS SOON AS TOLERATED
  - Abduction to 90° in scapular plane
  - External rotation to 30° (max)
  - May do IR in plane of scapula as tolerated
  - NO EXTENSION PAST 30° AND NO IR BEHIND BACK
- Gentle isometric exercises
  - ER, extension, flexion and abduction in scapular plane. **NO RESISTED IR.**
- Scapular stabilization exercises

**Phase I (Weeks 1-6):**

- Continue cryotherapy and TENS
- Continue pendulums, elbow range of motion, and hand squeezes
- GENTLE joint mobilization
- May d/c sling at 4 weeks
- Gradual increase and transition of exercises from supine to standing
- Begin AAROM and AROM (including wand exercises, pulleys, isotonic without weight) as tolerated within ROM limits. NO ACTIVE IR.

1. To be performed with free weights only (NO THERABAND)
  2. Must tolerate 20-30 repetitions 20-30 before adding/progressing weights
  3. Start against gravity without weight, then progress as tolerated - 2oz. (butter knife), then 4oz. (tuna can), then 8oz. (soup can), then 1#, 2#, etc.
    - Forward flexion as tolerated – supine and standing
    - Abduction to 90° in scapular plane (above 90° should be passive)
    - External rotation to 30° max
    - May do *passive* IR in plane of scapula as tolerated
    - NO EXTENSION PAST 30° AND NO IR BEHIND BACK
- Scapular stabilization exercises
  - Continue PROM stretches as above!!!
    - MUST have full forward flexion by 6 weeks
    - MUST have ER 30° by 6 weeks
    - MUST have abduction to 90° by 6 weeks
    - MUST have IR (in scapular plane only) to 40° by 6 weeks

#### Phase II (6 to 12 weeks):

- May continue all modalities
- May continue all strengthening (AAROM and AROM) as above
- Increase intensity of joint mobilizations
- Increase PROM / stretching -
  - Maintain full forward flexion
  - May now advance ER to 50°; advance as tolerated after Week 8
  - May advance shoulder extension as tolerated
  - May begin IR behind back – progress from AAROM to AROM as tolerated
- Strengthening -
  - Add AROM IR to strengthening; NO RESISTANCE UNTIL WEEK 8 then start GENTLY
  - Continue progressing abduction and ER strengthening
  - May add Therabands / sport cords
- Begin light functional activities

#### Phase III (12 weeks - ?):

- May now advance all ROM and strengthening as tolerated
  - Including IR resistance strengthening, ER stretching as tolerated
- Strengthening focus on muscle tone / endurance
- Gradual return to low-impact functional activities (golf, gardening, recreational hobbies)
- Typically, patient is on home exercise program at this point to be performed 3-4x / week
- Avoid jamming activities – hammering, contact sports, etc.

Discourage patients from participating in heavy work or recreational activities that result in high loads and forces to the shoulder joint. Golf, swimming, bicycling, aerobics, bowling, and running activities are acceptable for patients following shoulder replacement.

**Special instructions:** \_\_\_\_\_

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